

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>ME</i>		10/27/00
O.I.P.E. CLASSIFIER		12	10360
FORMALITY REVIEW	MB	863	11-27-00
RESPONSE FORMALITY REVIEW	jph	1030	4-9-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
1	10/27/00
2	10/27/00
3	✓
4	✓
5	✓
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13	✓
14	✓
15	0
16	✓
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19	✓
20	✓
21	0
22	✓
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36	✓
37	✓
38	0
39	✓
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42	✓
43	✓
44	0
45	✓
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49	✓
50	✓

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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